

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. <u>30-015-04452</u>
5. Indicate Type of Lease <u>Lease</u> STATE ☒ FEE ☐
6. State Oil & Gas Lease No. <u>LL030570 B</u>
7. Lease Name or Unit Agreement Name <u>Grayburg Jackson Unit</u> <u>Tract '14'</u>
8. Well No. <u>1</u>
9. Pool name or Wildcat <u>Grayburg Jackson</u>

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER ☒ <u>WIND</u>	
2. Name of Operator <u>660 New Mexico, Inc</u>	
3. Address of Operator <u>101 Lakespur Landing Circle #222 Lakespur Ca 94989</u>	
4. Well Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>36</u> Township <u>17S</u> Range <u>30E</u> NMPM <u>Edo</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: <u>Mechanical Integrity Test</u> ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

August 8-9, 1994

- Performed 7' Casing 5' Below G.L.
- Performed 2 3/8" Tubing & 7' Johnson 101.5 Injection Packer. Found Hole in 10th joint.
- BP Tubing, T&I Testing to 1800-2000#. Tubing O.K.
- Performed MV Packer, T&I, Set @ ± 2950' Psi to 500#. Wheelhead Leaking. C/O to New 7" x 2 3/8" Larkin. Repressured to 500 psi. Ran Hit Test, Lost Top psi in 15" (Air)
- Release Packer, Circulate w/ 2% KLI + Corrosion Inhibitor. Packer Packed
- Reconnected to Injection

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mark D. Clarke TITLE Engineer DATE 8-11-94

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

For record only R.R.